

Citizens Review Board Program

James Ray, Administrative Judge
Carol Martin, CRB Director

Please PRINT this document, fill out completely, sign the "Reference/Release" Section, and mail to:

Lucas County Citizens Review Board (CRB)
1801 Spielbusch Ave.
Toledo, Ohio 43624
Attn: Carol Kunkle, Director

Section I – CRB APPLICATION

PLEASE PRINT OR TYPE

Today=s Date _____

Formal Name _____ Nickname _____
(Last) (First) (Middle) (For Name Tag)

Date of Birth _____ Social Security # _____

Home Address _____
(Number & Street) City State Zip Code

Prior Addresses for Last 5 Years & Dates at Each Address: _____

Phone (Home) _____ Phone (Work) _____ Mobile _____

E-Mail (Home) _____ E-Mail (Work) _____ I don=t have E-Mail _____

May We Call You at Work? _____ May We E-mail You at Work? _____
(Yes) (No) (Yes) (No)

Current Employment: _____ Full Time _____ Part Time _____ Not Employed _____ Retired _____ Student

Name of Employer: _____ Job Title : _____

Work Address: _____ Work Telephone: _____

How Long Have You Held This Job? _____ Supervisor: _____

Brief Description of Your Work: _____

SCROLL DOWN ▼

Education (Include All Education, including Major & Minor fields of Study)

Education Completed: ___ High School ___ Some College ___ 2 yr Degree ___ 4 yr Degree ___ Post Grad

Emergency Contact: Name _____ **Relationship** _____

Address _____ **Phone (____)** _____

List Your Professional or Volunteer Experience with Children: _____

Do You Currently Volunteer in Any Capacity? Yes _____ No _____

If Yes, Indicate Position, Agency, & Days/Hours Week: _____

Do you have two (2) afternoons per month to give to the CRB Program? ___ Yes ___ No

Do You Have a Prior History with any Child Protective Services Agency? ___ *Yes ___ No

***If A Yes, please explain:** _____

Have You Ever Been Convicted in a Court of Law? ___ *Yes ___ No

***List Offenses and Dates of Each Offense** _____

Any Health Problems or Disabilities? _____

How Did You Learn About CRB? _____

Why Do You Wish to Participate in the CRB Program? _____

SCROLL DOWN ▼

Section II

REFERENCE AND RELEASE OF INFORMATION SHEET

YOUR NAME: _____ **DATE:** _____

***Please alert your references that we may be contacting them soon and need a prompt reply.
Do NOT include family members as references.***

REFERENCE #1: _____

Address _____
 (Street) *(City/State)* *(Zip Code)*

Home Phone _____ **Business Phone** _____ **Other** _____

How Do You Know This Person? _____ **For How Long?** _____

REFERENCE #2: _____

Address _____
 (Street) *(City/State)* *(Zip Code)*

Home Phone _____ **Business Phone** _____ **Other** _____

How Do You Know This Person? _____ **For How Long?** _____

REFERENCE #3: _____

Address _____
 (Street) *(City/State)* *(Zip Code)*

Home Phone _____ **Business Phone** _____ **Other** _____

How Do You Know This Person? _____ **For How Long?** _____

I UNDERSTAND THAT BY SUBMITTING THIS APPLICATION I AUTHORIZE INQUIRIES TO BE MADE CONCERNING MY SUITABILITY AS A VOLUNTEER FOR THE LUCAS COUNTY JUVENILE COURT. THE INFORMATION REQUESTED IN THIS APPLICATION AND SUCH AS MAY OTHERWISE BE OBTAINED WILL BE USED ONLY FOR THE PURPOSE OF DETERMINING SUITABILITY AS A VOLUNTEER. I UNDERSTAND A POLICE RECORD CHECK, AND A LUCAS COUNTY CHILDREN SERVICES HISTORY INQUIRY WILL BE RUN WITHIN THE NEXT 180 DAYS, AND THAT I MAY REVOKE THIS PERMISSION AT ANY TIME BEFORE IT HAS BEEN ACTED UPON.

CRITERIA USED IN THE SELECTION OF VOLUNTEERS WILL BE SUCH AS TO ENSURE THAT THE INDIVIDUAL IS ABLE TO MEET THE RESPONSIBILITIES OF A VOLUNTEER CITIZEN REVIEW BOARD MEMBER. NO INDIVIDUAL WILL BE REJECTED BECAUSE OF RACE, COLOR, RELIGIOUS CREED, NATIONAL ORIGIN, SEX, AGE (IF AT LEAST 21) OR MARITAL STATUS.

PRINT NAME _____

DATE OF BIRTH _____ **SOCIAL SECURITY #** _____

SIGNATURE _____ **DATE** _____

DATE SWORN: _____
Revised: 2-5-2003